

DISTINGUISHED SERVICE

The recipient of this award is an individual or organization (public or private) recognized for extraordinary contributions in advancing the empowerment and employment of people with disabilities. Nominees should have contributions in support of people with disabilities spanning 10 or more years.

Two (2) letters of support must be included with each nomination.

NOMINEE'S NAME: _____
(Organization or Individual)

NOMINEE'S ADDRESS: _____
Address City Zip

NOMINEE'S PHONE: _____ EMAIL: _____

NUMBER OF YEARS THE NOMINEE HAS BEEN INVOLVED IN SUPPORT OF
PEOPLE WITH DISABILITIES: _____

NOMINATION SUBMITTED BY: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

1. Tell us about the nominee's activities, which have contributed to improving employment and independent living opportunities for individuals with disabilities.

(Continue on back)

2. Describe the nominee's past and present activities affecting people with disabilities on the local, state, and national levels. They may include advocating on systems issues (e.g., accessible housing, transportation, public policy) and serving on groups (e.g., task forces, committees, boards) that have led to employment and independent living opportunities for individuals with disabilities.
3. Include a brief biographical summary of the nominee.
4. Explain why you feel this nominee is deserving of this award.
5. Include two (2) letters of support from persons other than the nominator. Additional items included with the nomination (e.g., newspaper clippings, magazine articles) must not exceed seven (7) pages total; all copies must be on 8 ½ X 11" paper.

OUTSTANDING INDIVIDUAL WITH A DISABILITY

The recipient of this award is an individual with a disability recognized for outstanding achievements in promoting independent living and employment opportunities for others with disabilities.

Two letters of support must be included with each nomination.

NOMINEE'S NAME: _____

HOME ADDRESS: _____
Address City Zip

HOME PHONE: _____ EMAIL: _____

NOMINATION SUBMITTED BY: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

1. Tell us about how and when the disability was acquired, and the impact it has had on the nominee's life.
2. Describe the nominee's past and present involvement in areas affecting people with disabilities on the local, state, and national levels. This may include advocating on systems issues (e.g., accessible housing, transportation, public policy) and serving on groups (e.g., task forces, committees, boards) that have led to employment opportunities or other inclusive opportunities for individuals with disabilities. Include activities from the past five years, unless they impact current activities.

(Continue on back)

3. Explain how the nominee serves as a role model for others with disabilities?

4. List accomplishments not covered previously.

5. Explain why you feel this nominee is deserving of this award?

6. Include two (2) letters of support from persons other than the nominator. Additional items included with the nomination (i.e., newspaper clippings, magazine articles) must not exceed seven (7) pages total; all copies must be on 8 1/2 X 11" paper.

OUTSTANDING EMPLOYEE WITH A DISABILITY

The recipient of this award is an employee with a disability recognized for his/her outstanding achievements in competitive, integrated employment. (This category includes individuals who are self-employed.)

Two (2) letters of support must be included with this nomination. One of the letters of support must be from the nominee's current or a former employer. If the individual is self-employed, please include a letter of support from an individual/organization that has worked with the nominee directly in his/her employment role. Letters of support must be from persons other than the nominator.

NOMINEE'S NAME: _____

EMPLOYER/BUSINESS NAME: _____

LENGTH OF NOMINEE'S EMPLOYMENT OR SELF-EMPLOYMENT?

HOME ADDRESS: _____
Address City Zip

HOME PHONE: _____ BUSINESS PHONE: _____

NOMINATION SUBMITTED BY: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

1. Describe the nominee's disability - how and when it was acquired, and the impact it has had on the nominee's life. Explain how the nominee has adapted to his/her disability. Add any other pertinent biographical information.

(Continue on back)

2. Explain what rehabilitation and education experiences have supported the nominee in reaching his/her employment accomplishments.
3. Describe the nominee's current employment status (e.g., length of employment, hours worked per week) job duties, and describe any needed accommodations.
4. Describe the nominee's previous employment history.
5. List other accomplishments not previously covered.
6. Explain why you feel this nominee is deserving of this award?
7. Include two (2) letters of support. One letter of support must be from the nominee's current or a former employer. If the individual is self-employed, please include a letter of recommendation from an individual/organization that has worked with the nominee directly in his/her employment role. Letters must be from persons other than the nominator. Additional items included with the nomination (i.e., newspaper clippings, magazine articles) must not exceed seven (7) pages total; all copies must be on 8 1/2 X 11" paper.

OUTSTANDING EMPLOYER OF THE YEAR

These three awards go to employers for outstanding achievement in improving employment opportunities for people with disabilities. An award is given to one (1):

- Small (less than 50 employees) private employer (non-government);
- Large (more than 50 employees) private employer (non-government);
- Other (any size); government (local, county, state, federal) or educational (school district, university, technical institute).

Two (2) letters of support must be included with this nomination form. Letters must be from persons other than the nominator.

NOMINEE'S NAME: _____

BUSINESS ADDRESS: _____
Address City Zip

BUSINESS PHONE: _____ EMAIL: _____

CHOOSE EMPLOYER CATEGORY (only one)

☐ Small private

☐ Large private

☐ Other

TOTAL NUMBER OF EMPLOYEES: _____

NUMBER/OR PERCENT OF EMPLOYEES WITH DISABILITIES: _____

RETENTION OF EMPLOYEES WITH DISABILITIES: _____

NOMINATION SUBMITTED BY: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

1. Describe the nominee's policies and procedures supporting outreach, recruitment, placement, training, and career advancement of persons with disabilities?

(Continue on back)

2. Describe nominee's efforts to accommodate workers with disabilities? Provide specific examples.
3. Describe what steps the nominee takes to ensure an effective working relationship between all employees – those with and without disabilities?
4. Describe how the nominee ensures employees with disabilities are fully included in the company's workforce?
5. Explain efforts the nominee has made on the local, state, and/or national levels to encourage other employers to hire people with disabilities?
6. Explain why you feel this nominee is deserving of this award?
7. Include two (2) letters of support from persons other than the nominator. Additional items included with the nomination (i.e., newspaper clippings, magazine articles) must not exceed seven (7) pages total; all copies must be on 8 1/2 X 11" paper.

OUTSTANDING TRANSITION SERVICES

This award goes to an individual or organization (public or private) in recognition of extraordinary contributions to developing and providing a program to assist students with disabilities as they transition from school to adult life. Nominees should have contributions spanning 5 or more years.

Two (2) letters of support must be included with this nomination. Letters of support must be from persons other than the nominator.

NOMINEE'S NAME: _____
(Individual or Organization)

NOMINEE'S ADDRESS: _____
Address City Zip

NOMINEE'S PHONE: _____ EMAIL: _____

NOMINATION SUBMITTED BY: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

NUMBER OF TRANSITION STUDENTS IMPACTED ANNUALLY: _____

1. Provide a brief biographical summary of the nominee.

(Continue on back)

2. Describe the nominee's experience with developing or providing transition services for students with disabilities as they transition from secondary school to their career and/or adult services. Include the number of transition students impacted, number of years, and/or any available outcomes.
3. Describe a specific example of the nominee's contribution that led to a positive transition experience.
4. Explain why you feel this nominee is deserving of this award?
5. Include two (2) letters of support from persons other than the nominator. Additional items included with the nomination (i.e., newspaper clippings, magazine articles) must not exceed seven (7) pages total; all copies must be on 8 1/2 X 11" paper.